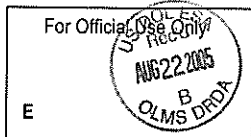


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13608</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>William Bohen</u>  P.O. Box, Bldg., Room No., if any  Street <u>63 East Royal Hill Road</u>  City <u>Orchard Park</u>  State <u>New York</u> ZIP Code + 4 <u>14127</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers AFL-CIO Local 6</u>  Labor Organization File Number <u>018-504</u>  P.O. Box, Building and Room Number, if any  Street <u>196 Orchard Park Road</u>  City <u>West Seneca</u>  State <u>New York</u> ZIP Code + 4 <u>14224</u>
5. Position in labor organization. <u>Financial Secretary &amp; Bus. Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William Bohen On 8/11/05 (716) 828-1200  
Date Telephone Number

Name of Person Filing William Bohen	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ironworkers Local 6 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 196 Orchard Park Road

City West Seneca

State New York ZIP Code + 4 14224

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Local 6 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 196 Orchard Park Road

City West Seneca

State New York ZIP Code + 4 14224

11.a. Nature of such dealing.

Union officer and employee who was reimbursed expenses as a Trustee of Ironworkers Local 6 Pension Fund.

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

All payments for reimbursement of expenses are for time spent as a Trustee of Ironworkers Local 6 Pension Fund.

12.b. Amount. \$462

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

William Bohen

File Number - None

Fiscal Year Ended - December 31, 2004

Supporting Schedule to Part B, Item 12b Form LM-30

<u>Date of Payment</u>	<u>Amount of Payment</u>	<u>Description</u>
3/26/2004	\$ 212.00	International Foundation Conference - Airfare
3/25/2004	\$ 46.00	Value of Lunch served at Trustees Meeting of 03/25/04
6/17/2004	\$ 46.00	Value of Lunch served at Trustees Meeting of 06/17/04
9/16/2004	\$ 49.00	Value of Lunch served at Trustees Meeting of 09/16/04
12/16/2004	<u>\$ 109.00</u>	Value of Lunch served at Trustees Meeting of 12/16/04
	<u>\$ 462.00</u>	

IFEBP - International Foundation of Employee Benefit Plans